

COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2012 - JUNE 30, 2013
Deadline: July 12, 2013

2013 JUL 18 PM 12 38

1. DEPARTMENT/COURT INFORMATION:

Department/Court: Health & Human Services Agency
 Division/Unit: Public Health Services (PHS) / California Children Services (CCS)

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol. <u>7</u>	Hours <u>620</u>	x	\$22.14	=	\$ <u>13,726.80</u>
-------------------	------------------	---	---------	---	---------------------

Types of work performed by GENERAL VOLUNTEERS in this category:

Assisted in gathering background information for research papers, and generated various reports. Also, assisted with administrative activities, such as, formatting documents and creating fliers and brochures.

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol. _____	Hours _____	x	\$22.14	=	\$ _____
----------------	-------------	---	---------	---	----------

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

<u>Position</u>	<u>Hours</u>	x	<u>VCL</u>	=	<u>Dollar Benefit</u>
_____	_____				

No. Vol.	Total Hours	Total Value
----------	-------------	-------------

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

- d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

169

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a: <u>7</u>	<u>620</u>	\$ <u>13,726.80</u>
2b: _____		
2c: _____		

TOTALS: <u>7</u>	Total Hours <u>620</u>	Total Value \$ <u>13,726.80</u>
------------------	------------------------	---------------------------------

3. DONATIONS TO VOLUNTEER PROGRAM: N/A

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____

TOTAL VALUE \$

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours 200 x Rate \$ 39.40 =

\$ <u>7,880.00</u>

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours 24 x Rate \$ 35.13 =

\$ <u>843.12</u>

c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS =

d. TOTAL OF VOLUNTEER PROGRAM COST =
(add 4a, 4b, and 4c)

\$ 8,723.12

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) **\$ 13,726.80**

b. Total of Donations to Volunteer Program, Item 3 (Page 2) _____

c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) **\$ 8,723.12**

TOTAL PROGRAM BENEFIT

\$ 5,003.68

6. RECRUITING:

Please describe your recruiting programs:

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2012-13:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

9. GENERAL INFORMATION:

Name of Person Completing Report: Celia Gonzales

Phone Number: (619) 528-4064 Mail Stop: P586 E-Mail: celia.gonzales@sdcounty.ca.gov

Volunteer Coordinator: Saman Yaghmaee

Phone Number: (619) 542-4133 Mail Stop: P578 E-Mail: saman.yaghmaee@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:

Don O'Shea
DEPARTMENT HEAD SIGNATURE

7/9/13
DATE